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May 25, 2006

MAY 25 2006

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: <b>TECHNOLOGY CENTER 3700</b>  Examiner: Brian T. Gedeon Art Unit: 3766	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Filing of <b>Response and Request for Reconsideration</b>  App. No.: 10/612,770 Filed: 07/01/2003 Docket No.: A03P1047  Confirmation No.: 4998	Number of pages being sent: <u>11</u> (including cover page)

**PLEASE DELIVER TO EXAMINER B. GEDEON, Art Unit 3766.**  
Thank you.

MAY 25 2006

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	James E. Brewer et al.	Confirmation No. 4998
Serial No.:	10/612,770	Examiner: Brian Gedeon
Filed:	07/01/2003	Art Unit: 3766
Docket No.:	A03P1047	
For:	SYSTEM AND METHOD FOR DETERMINING CARDIAC GEOMETRY	

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

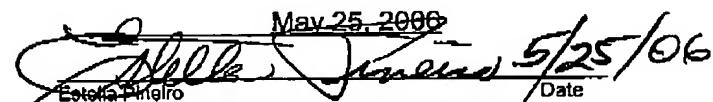
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

Response and Request for Reconsideration  
 Power of Attorney...and Revocation of Prior Powers  
 Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office  
on:

  
Estela A. Philpot  
May 25, 2006  
5/25/06  
Date

MAY 25 2006

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	21	21	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**
<input checked="" type="checkbox"/>	Charge Deposit Account No. 16-0068 the amount of		\$0**		A copy of this letter is enclosed.	

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

Any additional filing fees required under 37 CFR 1.16.

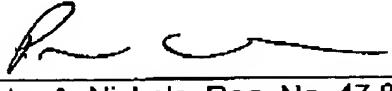
Any patent application processing fees under 37 CFR 1.17.

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 5-25-06
  
 Peter A. Nichols, Reg. No. 47,822  
 Patent Attorney for Applicants
**CUSTOMER NUMBER: 36802**